

UNEMPLOYED BURSARY APPLICATION

| No. | Available Fields of Study | Please Tick the relevant field applying for |
|-----|--|--|
| 1 | LLB | |
| 2 | Paralegal Studies | |
| 3 | Security Management | |
| 4 | Clinical Social Work | |
| 5 | Nursing | |
| 6 | Pharmacy | |
| 7 | Psychology | |
| 8 | IT Related Programmes | |
| 9 | Any other Occupation listed in the National List of Occupations in High Demand 2020. | |

IT IS CRITICAL THAT THE PERSON APPLYING IS ALREADY STUDYING OR HAS BEEN ACCEPTED FOR STUDY AT A PREFERRED INSTITUTE

SASSETA BURSARY FUND 2022/2023

INSTRUCTIONS

- 1. Read carefully before completing, signing or submitting this form
- 2. Application form to be completed in full. DO NOT leave any blank spaces, all the information on the form is required in deciding whether or not the application is approved for funding.
- 3. Complete in block letters
- 4. Ensure that this form is duly signed
- 5. Attach ALL of the following documents REQUIRED
 - 5.1 Certified copy of ID (not older than 6 months)
 - 5.2 Certified copy of Matric / Senior Certificate or the Statement of Results or other highest qualification.
 - 5.3 Proof of Registration at a South African University for the 2022 academic year
 - 5.4 Certified copy of the learner's parent or guardian ID.
 - 5.5 **Proof of Income for parent(s) or guardian (Should parent be unemployed,** please submit affidavit by the parent declaring their employment status.)

| DETAILS OF INSTITUTE | | | | |
|---|-------------------------------|--|--|--|
| Type of Institute (Please tick) | Public TVET | | | |
| **NB: SASSETA will only fund a private institution should the course being studied is not offered at any of the public institutions | Public University | | | |
| | Universities of Technology | | | |
| Name of Institute | | | | |
| Does It Address The Scarce Skills In The SASSETA SSP as Found on the Website | | | | |
| Name of Qualification (e.g. Masters, Honours, Degree or Diploma) | | | | |
| Field of Study (e.g. Engineering, Tourism, IT) | | | | |
| Level of Study (Year1, Semester 1) | | | | |
| Student number | | | | |

| PERSONAL DETAILS | | | | | | | | |
|---|--------------------|--------------|----------------|---------|-------------------|--------|---------------|----|
| Title :Mr / Miss/ Mrs | | | | | | | | |
| Surname | | | | | | | | |
| First Names | | | | | | | | |
| Identity Number | | | | | | | | |
| Date of birth (d:m:y) | | | | | | | | |
| Place of birth | | | | | | | | |
| SA Citizen | Yes | No | | If no | ot, please spec | ifv | | |
| Gender | | | | | | , | | |
| | | F | | | | | | |
| Race (please tick) | African | Coloured | | Indi | an | | White | |
| Municipality | | | | Urbar | n | | Rural | |
| Geographic | KwaZul | Eastern | Wester | n | Limpopo | N | Ipumalanga | |
| location(please tick) | u Natal | Cape | Cape | | | | | |
| | North | Northern | Gauten | g | Free State | | | |
| | West | Cape | | | | | | |
| Residential Address | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Code: | | | | | | | |
| Postal Address (if different | | | | | | | | |
| from above) | | | | | | | | |
| | Code: | | | | | | | |
| Contact Details | Home Tel Number: | | | | | | | |
| | Cellphone | | | | | | | |
| | Fax Numb | | | | | | | |
| | E-mail Ado | dress: | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Have you been found guilty | Yes | No | if yes, please | spec | ify the nature of | rotten | ce | |
| of a criminal offence? | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Please provide details of any | / / disabilitia | s or impairm | ents or specie | al lear | ning requirem | ente | VOLI MAV have | 25 |
| Please provide details of any disabilities or impairments or special learning requirements you may have as per the categories provided (Please mark with X) | | | | | | | | |
| Disability | Yes | | | No | | | | |

| Physically Disability | |
|---------------------------|---|
| Visual Disability | |
| Hearing Disability | |
| Mental Disability | |
| Intellectual Disability | |
| Psychiatric Disability | |
| Multiple Disability | |
| Impairments | |
| Special Learning | |
| Requirements | |
| Please provide your total | · |
| household income | |
| Home Language | |

| HIGH SCHOOL RESULTS (Attach certified copy of matric results or latest Grade 12 results) | | | | | |
|---|--|-------|--|--|--|
| Name of school: | | | | | |
| Subjects(List them below) | | Marks | | | |
| | | | | | |
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| | | | | | |
| | Contact Details and Address of high school : | | | | |
| Contact Person: | | | | | |
| Contact Number | | | | | |
| Address of High School: | | | | | |
| Street Name | | | | | |
| suburb | | | | | |
| Province | | | | | |
| Postal Code | | | | | |

| Please state other sources of funding (Tick) | | | | | |
|--|-----|----|--|--|--|
| Loan | Yes | No | | | |
| If yes with whom? | | | | | |
| Other Bursary Schemes | Yes | No | | | |
| If yes with whom? | | | | | |
| Please attach proof of such loan/ bursary scheme as indicated above. | | | | | |
| | | | | | |
| | | | | | |

| DETAILS ABOUT PARENT(S) / GUARDIAN / NEXT OF KIN | | | | | |
|--|--------|--------|----------|--|--|
| | Father | Mother | Guardian | | |
| Surname | | | | | |

| First names | | |
|---------------------------|--|--|
| Residential address | | |
| Postal address | | |
| Contact telephone numbers | | |
| Employer | | |
| E-mail | | |

DECLARATION

I hereby declare that **ALL** the information provided in this application form is complete and correct. I understand and acknowledge that if any of the information provided in this application form is found to be incomplete and/or incorrect, my application will be disqualified.

SIGNATURE OF APPLICANT

SIGNATURE OF PARENT/ GUARDIAN/ NEXT OF KIN

DATE

DATE

Application Check List Supporting Documents

Please Ensure That You Have Attached the Following Supporting Documents:

| Item | Yes | No |
|---|-----|----|
| Certified copy of the applicant / learner's ID (not older than 6 months) | | |
| Certified copy of Matric / Senior Certificate or the Statement of Results or other highest qualification. | | |
| Proof of Registration at a South African University for the 2022 academic year | | |
| Certified copy of the learner's parent or guardian ID. | | |
| Proof of Income for parent(s) or guardian (Should parent be unemployed,please submit affidavit by the parent declaring their employent status.) | | |